

# Gemini Legal Support, Inc.

**6020 West Oaks Blvd, Suite 310**  
**Rocklin, CA 95765**  
**Phone: (877) 739-7481**  
**Fax: (707) 204-6527**

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3/10/2022

PACIFIC WORKERS OAKLAND  
Bilal Kassem  
333 Hegenberger Rd Ste 504  
Oakland, CA 94621

Dear Valued Client:

On 3/10/2022, we received and processed your request(s) to obtain records pertaining to Jonathan Shockley in the case of Jonathan Shockley vs. Biotelemetry Inc Dba Cardionet Llc/CHUBB GROUP.

We have enclosed these subpoenas for your review. If you wish to make corrections, please contact our office immediately. If no corrections need to be made, please sign the copy of the subpoena and KEEP IT IN YOUR FILES. Please do not hesitate to contact us with any questions or concerns you might have.

Sincerely Yours,

Gemini Legal Support, Inc.

PAIN AND REHABILITATIVE CONSULTANTS  
MEDICAL GROUP  
1335 STANFORD AVENUE  
EMERYVILLE, CA 94608  
**890308**

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
**WORKERS' COMPENSATION APPEALS BOARD**

Case No. ADJ12031731

Jonathan Shockley  
Claimant/Applicant,  
VS.  
  
Biotelemetry Inc Dba Cardionet  
Llc/CHUBB GROUP  
  
Employer/insurance Carrier/Defendant.

(IF APPLICATION HAS BEEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

**SUBPOENA DUCES TECUM**

(When records are mailed, identify them by using above  
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after  
January 1, 1990 and before January 1, 1994, subpoena will  
be valid without a case number, but subpoena must be served  
on claimant and employer and/or insurance carrier.

See instructions below.\*

*The People of the State of California Send Greetings to:* PAIN AND REHABILITATIVE CONSULTANTS MEDICAL GROUP - 1335 STANFORD AVENUE - EMERYVILLE, CA 94608

We COMMAND YOU to appear before: Gemini Legal Support, Inc.

at 6020 West Oaks Blvd, Suite 310, Rocklin, CA 95765

on the 29th day of March, 2022 at 10:00AM o'clock \_\_\_\_\_.M.. to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records.

**-Please see Attachment 3 for detailed description of requested records-**

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 3/10/2022

WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA



*Secretary, Assistant Secretary, Workers' Compensation Judge*

**\*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,  
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE  
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq

## DECLARATION FOR SUBPOENA DUCES TECUM

Case Number: ADJ12031731

STATE OF CALIFORNIA, County of Alameda

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That PAIN AND REHABILITATIVE CONSULTANTS MEDICAL GROUP has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

APPLICANT'S RIGHT TO DISAGREE WITH THE UTILIZATION REVIEW DECISIONS AND REQUEST INDEPENDENT MEDICAL REVIEWS CONSTITUTES GOOD CAUSE FOR A SUBPOENA TO ISSUE TO OBTAIN APPLICANT'S MEDICAL RECORDS IN ORDER TO PROVIDE SAID RECORDS TO INDEPENDENT MEDICAL REVIEW. SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES PURSUANT TO LABOR

### **Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994**

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 3/10/2022, at Oakland, CA

333 Hegenberger Rd Ste 504

/s/Bilal Kassem Oakland, CA 94621 (510) 444-2512

Signature Address Telephone

--Records being requested on behalf of PACIFIC WORKERS OAKLAND--

## DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of \_\_\_\_\_

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

I declare under penalty of perjury that the foregoing is true and correct

Executed on \_\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
Signature

## ATTACHMENT 3

**Case Name:** Jonathan Shockley vs. Biotelemetry Inc Dba Cardionet Llc/CHUBB GROUP  
**Case Number:** ADJ12031731

**Records Subject:** Jonathan Shockley

**Date of Birth:** 9/27/1978

**Social Security Number:** XXX-XX-7160

**Records Requested:**

The records being requested are in regard to a recent Independent Medical Review (IMR) Please provide any and all non-privileged physical, digital and hand-written medical records including records pertaining to the UR Denial Date 2/22/2022 including but not limited to:

Please provide records from 03/26/2021 to present.

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

Must include records from Babak Jamasbi 1335 Stanford Ave Emeryville, CA 94608.

Records pertain to Jonathan Shockley - DOB: 9/27/1978  
SSN: XXX-XX-7160

**Need records from 3/26/2021 to Present**

Ref #: WO-890308 REC-911862

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) Bilal Kassem 280026 PACIFIC WORKERS OAKLAND 333 Hegenberger Rd Ste 504 Oakland, CA 94621 TELEPHONE NO.: (510) 444-2512 ATTORNEY FOR (Name): Jonathan Shockley	For Court Use Only
<b>Oakland District Office</b> <b>1515 Clay Street, 6th Floor</b> <b>Oakland, CA 94612-1402</b>	
PLAINTIFF/PETITIONER: Jonathan Shockley	
DEFENDANT/RESPONDENT Biotelemetry Inc Dba Cardionet Llc/CHUBB GROUP	
	CASE NUMBER ADJ12031731

### NOTICE TO CONSUMER OR EMPLOYEE

TO (name): Jonathan Shockley and interested parties

1. PLEASE TAKE NOTICE THAT REQUESTING PARTY (name):

Jonathan Shockley

SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): Tue, Mar 29, 2022

The records are described in the subpoena directed to **witness** (specify name and address of entity from whom records are sought): PAIN AND REHABILITATIVE CONSULTANTS MEDICAL GROUP

1335 STANFORD AVENUE  
EMERYVILLE, CA 94608

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
  - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the proof of service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 3/10/2022

Bilal Kassem  
(TYPE OR PRINT NAME)

/s/Bilal Kassem

(SIGNATURE OF  REQUESTING PARTY  ATTORNEY)

### OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- I object to the production of all of my records specified in the subpoena.
- I object to the production of the following specified records:
- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

see following for proof of service

(SIGNATURE)

**NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**  
(Code Civ. Proc., 1985.3, 1985.6)

<b>PLAINTIFF /PETITIONER:</b> Jonathan Shockley DEFENDANT /RESPONDENT: Biotelemetry Inc Dba Cardionet Llc/CHUBB	Case Number <b>ADJ12031731</b>
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GROUP

**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**

(Code Civ. Proc., 1985.3, 1985.6)

Personal Service  Mail

1. At the time of service, I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the Notice to Consumer or Employee and Objection as follows (check either a or b):

a.  **Personal Service.** I personally delivered the Notice to Consumer or Employee and Objection as follows:

- (1) Name of person served: \_\_\_\_\_ (3) Date Served: \_\_\_\_\_  
(2) Address where served: \_\_\_\_\_ (4) Time Served: \_\_\_\_\_

b.  **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served **Bilal Kassem** (3) Date Served: **3/10/2022**  
(2) Address where served: **333 Hegenberger Rd Ste 504,** (4) Place of Mailing (city and state):  
**Oakland, CA 94621** **Rocklin, California**

(5) I am a resident of or am employed in the county where the Notice to Consumer or Employee and Objection was mailed.

c. My residence or business address is (specify): **6020 West Oaks Blvd, Suite 310, Rocklin, CA 95765**

d. My phone number is (specify): **(877) 739-7481**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 3/10/2022

Lori Berkeley

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**

(Code Civ. Proc., 1985.3, 1985.6)

Personal Service  Mail

1. At the time of service, I was at least 18 years of age and **not a party to this legal action**.

2. I served a copy of the Notice to Consumer or Employee and *Objection* as follows (complete either a or b):

a. ON THE REQUESTING PARTY

(1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:  
(i.) Name of person served: \_\_\_\_\_ (iii.) Date Served: \_\_\_\_\_  
(ii.) Address where served: \_\_\_\_\_ (iv.) Time Served: \_\_\_\_\_

(2)  **Mail.** I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i.) Name of person served: \_\_\_\_\_ (iii.) Date of mailing: \_\_\_\_\_  
(ii.) Address: \_\_\_\_\_ (iv.) Place of mailing (city and state): \_\_\_\_\_  
(v.) I am a resident of or am employed in the county where the *Objection to Production of Records* was mailed.

b. ON THE WITNESS

(1)  **Personal service.** I personally delivered the *Objection to Production of Records* as follows:  
(i.) Name of person served: \_\_\_\_\_ (iii.) Date Served: \_\_\_\_\_  
(ii.) Address where served: \_\_\_\_\_ (iv.) Time Served: \_\_\_\_\_

(2)  **Mail.** I deposited the Objection to Production of Records in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i.) Name of person served: \_\_\_\_\_ (iii.) Date of mailing: \_\_\_\_\_  
(ii.) Address: \_\_\_\_\_ (iv.) Place of mailing (city and state): \_\_\_\_\_  
(v.) I am a resident of or am employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):

4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

Case No.: **ADJ12031731**

Case Name: **Jonathan Shockley v. Biotelemetry Inc Dba Cardionet LLC/CHUBB GROUP**

## **Proof of Service**

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the entitled action. My business address is 6020 West Oaks Blvd, Suite 310, Rocklin, CA 95765.

On 3/10/2022, I served the foregoing documents described as **WCAB Subpoena, Attachment 3, Notice to Consumer** on each interested party in this action by placing a true copy thereof enclosed in a sealed envelope and addressed as follows:

<b><u>Delivered to</u></b>	<b><u>Firm</u></b>	<b><u>Address</u></b>	<b><u>Method</u></b>
Bilal Kassem	PACIFIC WORKERS OAKLAND	333 Hegenberger Rd Ste 504 Oakland, CA 94621	Mail
CHUBB GROUP	CHUBB GROUP	PO BOX 42065 PHOENIX, AZ 85080	Mail
James Goines	Colantoni Collins San Francisco	555 Corporate Drive, Suite 205 Ladera Ranch, CA 92694	Mail

I am "readily familiar" with this firm's practice of collection and processing correspondence. Under that practice, it will be delivered, same day, via digital delivery to our vendor DocuCents who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Covina, California, in the ordinary course of business.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/10/2022, at Rocklin, California.

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Lori Berkeley